



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 5325

SERIAL NUMBER 09/110,987	FILING DATE 07/07/1998  RULE	CLASS 225	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. GGG-10003/29
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## APPLICANTS

G. GARY GOCHANOUR, DEXTER, MI;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 08/725,831 10/07/1996 PAT 5,774,889

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/24/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

JOHN C POSA  
GIFFORD KRASS GROH SPRINKLE  
PATMORE ANDERSON & CITKOWSKI  
280 N. OLD WOODWARD AVE SUITE 400  
BIRMINGHAM, MI  
48009

## TITLE

PROTECTIVE HAND COVERING AND DISPENSER APPARATUS

FILING FEE  RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER 09/110,987	FILING DATE 07/07/98	CLASS 225	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. GGG-10003/29
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APPLICANT

G. GARY GOCHANOUR, DEXTER, MI.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/725,831 10/07/96 PAT 5,774,889 ✓

page 1

AB

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

-- None --

AB

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

-- None --

AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/24/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged		Examiner's Initials <u>AB</u>	Initials _____		

ADDRESS

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TITLE

PROTECTIVE HAND COVERING AND DISPENSER APPARATUS

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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